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Fill	in this information to	identify your ca	ase:					
		Sakeia C. Le						
1 -	btor 2 buse, if filing)							
Un	ited States Bankrupto	cy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA				
Ca	se number 18-1	2694			Che	ck if this is:		
(If k	nown)					An amende	d filing	
							ent showing postpetition as of the following date	
0	fficial Form	<u> 1061</u>			Ī	MM / DD/ Y	YYY	
S	chedule I: Y	our Inc	ome					12/15
	<u> </u>	Employment	on the top of any addition	onal pages, write your name a	iu case ii			
	information.	•		Debtor 1		_	or non-filing spouse	!
	If you have more the attach a separate print information about a	age with	Employment status*	■ Employed□ Not employed		☐ Emplo		
	employers.		Occupation	CNA				
	Include part-time, s self-employed work		Employer's name	Vermale Falcon				
	Occupation may in or homemaker, if it		Employer's address	2063 Sergeant Street				
			How long employed th	nere? 13 years *See Attachment fo	r Additio	nal Employ	yment Information	
Pa	rt 2: Give Deta	ils About Mor	nthly Income					
	imate monthly incor use unless you are se		ate you file this form. If y	ou have nothing to report for an	/ line, writ	e \$0 in the	space. Include your no	on-filing
	ou or your non-filing s e space, attach a ser			mbine the information for all emp	oloyers for	that perso	n on the lines below. If	you need
					For De	btor 1	For Debtor 2 or non-filing spouse	

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay. 3.
- Calculate gross Income. Add line 2 + line 3.

	For Debtor 1	For Debtor 2 or non-filing spouse
_		

N/A 3,591.00

0.00

N/A +\$

3,591.00

\$ N/A

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Debt	or 1	Sakeia C. Leggett	-	C	Case n	umber (if k	nown)	18-12	2694		
					For [Debtor 1			Debtor -filing s		
	Cop	by line 4 here	4.		\$	3,59	1.00	\$	9	N/A	_
_											_
5.		all payroll deductions:	_		•			•			
	5a.	Tax, Medicare, and Social Security deductions	5a		\$		3.00	\$_		N/A	_
	5b. 5c.	Mandatory contributions for retirement plans	5b		\$ 		0.00	\$ \$		N/A N/A	
	5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c 5d		\$		0.00	\$		N/A	_
	5e.	Insurance	5e		\$—		0.00	\$_		N/A	_
	5f.	Domestic support obligations	5f.		\$		0.00	\$_		N/A	
	5g.	Union dues	5g		\$		0.00	\$		N/A	_
	5h.	Other deductions. Specify:		1.+	\$			+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	46	3.00	\$		N/A	<u> </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,12	8.00	\$		N/A	<u> </u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	١.	\$	22	5.00	\$		N/A	
	8b.	Interest and dividends	8b).	\$		0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$		0.00	\$		N/A	
	8d.	Unemployment compensation	8d		\$		0.00	\$		N/A	_
	8e.	Social Security	8e) .	\$		0.00	\$		N/A	<u>. </u>
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$		0.00 0.00	\$		N/A N/A	_
	8h.	Other monthly income. Specify: tax refund	_	,. 1.+	\$		0.00			N/A	_
		- Lax Fordina	_	_				, i		,,	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>	32	5.00	\$		N/	Α
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	•	452.00	+ \$		NI/A	= \$	3,453.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		,453.00	+ \$ -		N/A	= 5 -	3,453.00
11.	State Included Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					•		∍ J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies							12.	\$	3,453.00
13.	Do	you expect an increase or decrease within the year after you file this form	?							Combi month	ned ly income
		No.									
		Voc Evoloin:									

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Debtor 1	Sakeia C. Leggett	Case number (if known)	18-12694
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Official Form B 6l Attachment for Additional Employment Information

Debtor		
Occupation		
Name of Employer	sweet home primary care	
How long employed		
Address of Employer		

Official Form 106I Schedule I: Your Income page 3

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Fill	in this info	ormation to identify yo	our case:					
Deb (Spo	otor 1 otor 2 ouse, if filing	5,		RN DISTRICT OF PENNS	YLVANIA	■ <i>F</i>		ving postpetition chapter the following date:
1	e number nown)	18-12694						
		Form 106J						
Be info	as compl ormation.		possible eded, atta	. If two married people ar				
Par 1.	Is this a ■ No. 0 □ Yes.	escribe Your House joint case? Go to line 2. Does Debtor 2 live		ate household?				
		☐ No ☐ Yes. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debto	or 2.	
2.	Do you	have dependents?	□ No					
	Do not li Debtor 2	st Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not s depende	tate the ents names.			Daughter		9	□ No ■ Yes □ No
					Daughter		18	■ Yes □ No □ Yes
3.		expenses include		No				□ No □ Yes
Par	yoursel	es of people other t f and your depende stimate Your Ongoi	nts? ⊔	Yes				
Est	imate you	ur expenses as of year	our bankr	uptcy filing date unless y y is filed. If this is a supp				
the		such ässistance an		government assistance i luded it on <i>Schedule I:</i> Y			Your expo	enses
4.		tal or home owners ts and any rent for th		ses for your residence. In	nclude first mortgage	e 4. \$		773.00
	If not in	cluded in line 4:						
	4a. R	eal estate taxes				4a. \$		0.00
		roperty, homeowner's				4b. \$		0.00
		ome maintenance, re				4c. \$		150.00
5.		omeowner's associat nal mortgage paymo		oominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00 0.00

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	315.00 66.00 150.00 0.00 740.00 250.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. \$ 7. Food and housekeeping supplies 6a. \$ 6b. \$ 6c. \$ 6d. \$ 7. \$	66.00 150.00 0.00 740.00 250.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. \$ 7. Food and housekeeping supplies 7. \$	66.00 150.00 0.00 740.00 250.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. \$ 7. Food and housekeeping supplies 6c. \$ 6d. \$ 7. \$	150.00 0.00 740.00 250.00
6d. Other. Specify: 6d. Specify: 6d. \$ 7. Food and housekeeping supplies 7. \$	0.00 740.00 250.00
7. Food and housekeeping supplies 7. \$	740.00 250.00
	250.00
childcare and children's education costs	
. Clothing, laundry, and dry cleaning 9. \$	
	300.00
D. Personal care products and services 10. \$	180.00
1. Medical and dental expenses 11. \$	0.00
2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$	60.00
Do not include car payments. 12. \$ 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$	
	0.00
4. Charitable contributions and religious donations	0.00
5. Insurance. Do not include incurance deducted from your pay or included in lines 4 or 20	
Do not include insurance deducted from your pay or included in lines 4 or 20.	25.00
15a. Life insurance 15a. \$	25.00
15b. Health insurance 15b. \$	0.00
15c. Vehicle insurance	0.00
15d. Other insurance. Specify: 15d. \$	0.00
5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	
Specify: 16. \$	0.00
7. Installment or lease payments:	
17a. Car payments for Vehicle 1	0.00
17b. Car payments for Vehicle 2	0.00
17c. Other. Specify: 17c. \$	0.00
17d. Other. Specify: 17d. \$	0.00
3. Your payments of alimony, maintenance, and support that you did not report as	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	0.00
Other payments you make to support others who do not live with you.	0.00
Specify: 19.	
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property 20a. \$	0.00
20b. Real estate taxes 20b. \$	0.00
20c. Property, homeowner's, or renter's insurance 20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses 20d. \$	0.00
20e. Homeowner's association or condominium dues 20e. \$	0.00
I. Other: Specify: 21. +\$	0.00
- Callett Opeolity.	0.00
2. Calculate your monthly expenses	
22a. Add lines 4 through 21. \$ 3,0	00.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	
	009.00
	755.50
3. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$	3,453.00
	3,009.00
· · · · · · · · · · · · · · · · · · ·	,
23c. Subtract your monthly expenses from your monthly income.	
The result is your <i>monthly net income</i> .	444.00
•	
4. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease	e because o
modification to the terms of your mortgage?	
■ No.	
☐ Yes. Explain here:	